| | | | | Application or Docket Number | | | | | | | | | | |
|--|--|---|----------------------------------|------------------------------|----------------------------|-------------------------------------|-------|-------------------|----------|------------------------|---------|--------------------|-------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | | | | | | | • | RCE | |
| Effective October 1, 2003 | | | | | | | | | 09971993 | | | | | |
| | | | SMALL | EN | TITY | | OTHER | THAN | | | | | | |
| (Column 1) (Column 2) | | | | | | | | | | | OR | SMALL | ENTITY | |
| TOTAL CLAIMS | | | | | | | | RATE | | FEE " | • | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC F | ĘΕ | 385.00 | OR | BASIC FEE | -77.0.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 2 6 minus 20= | | . 2 | | | X\$ 9= | - | | OR | X\$18= | 0 | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | • | | | X43= | | 0.1 | OR | X86≃ | 0 | |
| MU | LTIPLE DEPEN | IDENT CLAIM PF | RESENT | | | | | +145= | | ļ . . | OR | +290= | 0 | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTA | | | OR | TOTAL | 770 | |
| ACI LAIMS AS AMENDED - PART II | | | | | | | | | L | | 1 | OTHER | | |
| C | (Column 1) (Column 2) (Column 3) | | | | | | | SMAL | LE | NTITY | OR | SMALL | | |
| A | | CLAIMS REMAINING | | HIGH | BER DUSLY | PRESENT EXTRA | | RATE | T | ADDI- TIONAL FEE | | | ADDI- | |
| AMENDMENT / | | AFTER | | PREVIC | | | | | | | | RATE | TIONAL FEE | |
| | Total | AMENDMENT | Minus | PAID | 6 | = 0 | | X\$ 9= | | | OR | X\$18* | | |
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| A | FIRST PRESENTATION OF MULTIPLE DEPENDENT | | | | CLAIM | | | | + | | 011 | / | | |
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| | | (Column 1) | | -(Colum | | (Column 3) | | | | | | 1 | | |
| 8 | | CLAIMS REMAINING | | HIGH NUMI | | PRESENT | | CATT | | ADDI- | | | ADDI- | |
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| ပ | ` | CLAIMS REMAINING | | HIGH NUMI | BER | PRESENT | | - | Π. | ADDI- | | DATE. | ADDI- TIONAL | |
| L N | | AFTER AMENDMENT | | PREVIO PAID | | EXTRA: | | RATE | | TIONAL FEE | | RATE | FEE | |
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| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | \dashv | | UH | | | |
| +145= | | | | | | | | | | | | +290= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ADDIT. FEE | | | | | | | | | | | OR | ADDIT. FEE | | |
| *** | If the "Highest Nu The "Highest Num | mber Previously Pa ober Previously Pai | aid For IN THI d For (Total o | 5 SPACE i Independ | is less tha ent) is the | an 3, enter "3.". e highest numb | | | | ropriate bo | x in co | • • | | |
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